

THE CALIFORNIA MEDICAL JOURNAL.

NOT BOUND TO SWEAR TO THE DOGMAS OF ANY MASTER.

D. MACLEAN, M. D.....Editor

D. D. CROWLEY, M. D.....Editor

VOL. 2. OAKLAND, OCT. AND NOV., 1881. Nos. 10, 11

ORIGINAL COMMUNICATIONS.

ADDRESS,

DELIVERED AT THE OPENING OF THE REGULAR SESSION OF
1881, OF THE CALIFORNIA MEDICAL COLLEGE, BY C. H.
HOUPPT, M. D.

LADIES AND GENTLEMEN: Speakers, in addressing an audience, generally have one common desire to please, if not the more laudable one to instruct. It will be my endeavor to do both, if you will only be satisfied with very little, have great charity for my faults and failings, as well as be willing to largely magnify whatever I may say. I shall have strong hopes of coming very near to succeeding in my endeavor. Let me premise by announcing the important fact (which may not have occurred to some of you) that this is to be the opening exercises of the third annual course of the California Medical College (Eclectic). On behalf of the faculty, I bid you all a hearty and cordial welcome. God bless you all, may you live long to do good, and may you be always happy in doing it.

It is impossible for me to know or in any way find out in advance, what are the ideas of those present in regard to

the matter that should be presented at this time, that is appropriate to the occasion, not being able to inform myself of your desires in this respect. I have prepared a few thoughts for your acceptance. This being the opening exercises of a medical college, we assume that you are all more or less interested in medicine, doctors or medical students. It is likely but few have escaped taking medicine, if they have shunned the studying of it. There are some here who are willing and prepared to commence and pursue the study of medicine; there are others who perhaps may; and there is little chance of its injuring and it might benefit others present that are already advanced in the study of medicine, to renew their confidence and strengthen their belief; and as we who bear the name of Eclectics are frequently asked what Eclecticism is, I have thought it might be of benefit and perhaps of interest, to briefly review the systems of medicine as exemplified in the three prominent schools, Allopathic, Homeopathic and Eclectic.

I disclaim all intention of making invidious comparisons, of trying to detract from other schools, or to advocate my own school by the misrepresentation of others. I shall not feel the least disappointed if those of you who bear allegiance to other schools continue it after you have heard me; rather be it my desire to correct false ideas concerning Eclecticism that are continually circulated by our enemies (for we have enemies and who has not). I can say without fear of successful contradiction that Eclecticism is being daily misrepresented by those who know better, but who resort to the questionable means of trying to pull down others for the purpose of elevating themselves. Time will not permit of a finished discourse on the systems of medicine, were I the one to give it. I can only throw out a few crude ideas mingled with some rough facts, trusting that if you find them a proper aliment for your minds, they will be received, properly digested, then assimilated, and then only will they be in proper shape for the nourishment of your intellect.

In the 18th century there lived one Boerhaave, a physician

of great learning and probity. It is said that he left an elegant volume which he declared contained all the secrets of medicine; but what was the astonishment on opening it, to discover all the pages blank, save one, on which was inscribed, "Keep the head cool, the feet warm, and the bowels open." This maxim, excellent in many respects, fails too often in relieving pain, or in effecting a cure to be a sole reliance. Tennyson says:—

"Science moves but slowly, slowly creeping, creeping on from point to point."

But it moves—we have only to look back and see where our fathers were, and then glance around and see where we are. Are there not those present who can remember when it was considered good practice to draw the life-blood from the inflammation-beset patient, to deny water to the fevered, parched throat? What of the great resources of nature for the healing of the sick and prolongation of life, that have been discovered and adopted? Remember the thousand doubtful suggestions that have bloomed and ripened into facts.

Allopathy is defined as the employment of medicines in order to produce effects different from those resulting from a disease, a term by Hahnemann to designate the ordinary practice as opposed to Homeopathy. Dunglison says it is the opposite to Homeopathy, or according to Hahnemann, a method of treatment in which remedial agents are employed, the action of which, on a healthy man produces morbid phenomena, different from those observed in the sick person, the ordinary practice of medicine as designated by Homeopaths. This school takes great exception to the name of Allopath as applied to them by Homeopaths. In their State societies they pass resolutions of indignation, ignoring the name of Allopath and christening themselves Regulars. In their books, schools, in public and in private, they denounce all other practitioners as irregular. At their college commencements they compell their graduates, before receiving their diplomas, to take the Hippocratic oath, which binds

them soul and body to their own dogmas, and forbids them to seek light by consultation outside the narrow limits of their own select circle. A regular practitioner according to the same authority that we have before quoted for definition, namely Dunglison, is "One who practices his profession according to the rules established by law or professional custom." Hence we see that either of the other schools are as much entitled to the name of regulars as the Allopathic, they both practicing their profession according to established rules and law. This system announces all other schools as exclusive in their practice, whereas the exclusiveness rests almost entirely with them, they only binding their graduates by Hippocratic oaths and codes which are as narrow and exclusive as it is possible to make them; they deny the right of their members to act as instructors or preceptors to students of other schools; they claim all knowledge, yet shut their eyes to anything that does not emanate within themselves. Liberal views or charity for the opinions of others they are strangers too.

Homeopathy is described by Dunglison as a fanciful doctrine which maintains that disordered actions in the human body are to be cured by inducing other disordered actions of a like kind, and this to be accomplished by infinitesimally small doses, often of apparently inert agents; the decillionth part of a grain of charcoal, for example, is an authorized dose. It has also been called globism. According to Dr. Biglow, Homeopathy consists in leaving the case to nature, while the patient is amused with nominal and nugatory medicines. The objections entertained by all (liberal-minded) physicians to the so-called Homeopathic practice of medicine, are not based upon any unwillingness to employ medicines whose action resembles more or less the features for which they are prescribed, but solely on the impossibility, according to a common sense view, of adopting this as a specific rule of practice, and especially as an exclusive and all-embracing law of therapeutics. The action of emetics in some kinds of indigestion, and of rhubarb in some kinds of diarrhoea, are familiar examples in

daily use, showing that ordinary practice is not regulated by any blind prejudice against what is called the Homeopathic law of *similia similibus curantur*, but in these cases the physician does not in the least commit himself either in favor of, or against the law, but rather sets it aside as a mere metaphysical abstraction, having nothing to do with the real principle of the cure, which is to be found in common sense and experience, applied to facts of individual cases and groups of cases. The true physician is not sectarian; he disowns all artificial formulas of cure exactly as he disowns Homeopathy; his belief in remedies is not founded in extreme generalizations, and he refuses to be limited in his practice by any other technical rules than those derived from a fair view of facts investigated on the ordinary principles of positive science. It is very certain that Hahnemann's alleged provings have been rejected as in a great part visionary, by the great majority of those who have attempted to ascertain personally the effect of the same remedies; and it is equally certain that Hahnemann himself admits the general aggravation of diseases by Homeopathic doses when administered in sensible quantities, and that the system of infinitesimal doses was, with him, simply a last refuge from the contradictory character of the results obtained, under the earlier trials of remedies devised according to his assumed principle, and that the infinitesimal doses are its *reductio absurdum*.

They admit freely that Homeopathy has in some instances done good by illustrating the spontaneous cure of disease, and correcting a blind faith in heroic remedies, but although individual converts of some local credit have here and there been made, there is not the slightest appearance of a movement in the profession towards adopting Homeopathy as a system, and its much vaunted statistics are generally regarded as fallacious.

To go back again to Dunglison for a definition, we find that he says, "the Eclectics are a set of physicians who profess to choose from other sects all the opinions which appear to them best founded, and that is all that there is to Eclectic-

ticism, otherwise, and more properly called the American or Rational system of medicine, (for these all are one)." I am thus far satisfied with the Doctor's definition of Eclecticism, with the exception of the word profess; this might imply that Eclectics only profess to choose from other sects; if they only profess to select the best from other sects, and do not do it, they have no right to the name of Eclectic. He says further, "that every judicious physician must be an Eclectic;" we say no physician who has taken the Hippocratic oath can be judicious, that is, as long as he keeps it. Again, "the term Eclectic is not unfrequently applied to one who chooses to adopt exclusive views, the so-called Eclectic physicians generally belonging to the class of botanical physicians."

It is a fact much regretted, but unavoidable, that many who wander around without any particular belief, or with an original or exclusive one, attach to themselves the name of Eclectic; or if they are very bad in morals or shallow in medical qualification, the enemies of Eclecticism hasten with all speed to attach them to that faith. It is true that those who believe in the American system of medicine, look largely to the vegetable kingdom for their remedies, but not to the exclusion of the mineral kingdom or any other source from whence remedial agents can be obtained. True Eclectics disclaim entirely any exclusiveness. The word Eclectic is by no means new nor coined for this system of medicine; it was used in ancient times for a class of philosophers, who professed to select whatever was good from all other philosophical sects, that they might combine a new system. They held Plato in the highest authority, but did not hesitate to add to his doctrines whatever they thought conformable in the tenets of other schools, or to reject from his teaching whatever they disproved. It is true that the general public are not as well informed concerning Eclecticism as they are of the other schools; they know about little pill doctors and big pill doctors, about the easy taken and tasteless medicines of one and the big and nauseous mixtures of the other; they are

not fully aware that a happy medium exists in the intelligent Eclectic.

"Why am I an Eclectic? Because I claim the right to think. I cannot control my belief, my brain is my castle, and if I don't defend it my soul will become a slave and a serf."

If a medical man exercises his personal freedom, the personal right that the Constitution of our country proclaims, and which receives additional sanction in every wholesome law, he is *per se* an Eclectic in medicine. Freedom to think, to choose, and to act, the exercise of rational freedom in medicine, makes a man an Eclectic, and no one henceforward is a Regular in medicine unless he be creed-bound.

Ignorance, in its animosity, is opposed to all advancement; it clings to the past; it derides the present; it has no faith in the future. History furnishes abundant proof that all advanced thinkers have been persecuted for their doctrines.

I have quoted definitions of Eclecticism from authorities belonging to other schools. Hear now our own king, a reigning monarch in the rational system of medicine. He says that "Among the liberal and progressive physicians of this country, are a class who have been termed American Eclectics. The term Eclectic, as thus used, implies something more than what we usually associate with that word as a common adjective. It refers to the existence of a large class of physicians who believe that the profession has been too much trammelled by the influence of authority, and by the disposition to impose upon the younger members certain scientific and ethical doctrines which their seniors have sanctioned, thus reducing a noble profession with a comprehensive science, to the character of a sect with certain cherished dogmas. American Eclecticism is thus opposed to sectarianism, and especially that most oppressive form of sectarianism which, like the Roman Hierarchy, denying that it is sectarian, assumes to be an embodiment of unquestionable truth, and pronounces the medical system, which may be sanctioned by a majority of the present gen-

eration, a standard of scientific truth, from which any deviation, or even the expression of dissent from its doctrines, is too extravagant to bear the test of serious examination. No one who is familiar with medical history, who recollects the incessant changes in medical doctrines, and practices from the days of Galen's infallibility to the present time, and who remembers how sternly the main body of the profession have rejected and condemned the doctrines which their successors were compelled to adopt, can suppose that a profession so very fallible in all past time has even yet acquired infallibility, nor yet can any one seriously believe it, when he observes in the doctrines and practices of the present day the same slow, steady, progressive change as in past times. And if the doctrinal infallibility as to therapeutics, either in the mass of the profession or in its most gifted leaders, be, in fact, too absurd for serious argument, what possible foundation can there be for the assumption that truthfulness and respectability belong exclusively to the majority and to their transitory doctrines, and that any different scientific doctrines should be banded as empirical and disreputable. Such assumptions being essentially absurd and groundless, are based now as they always have been, on that arrogant and intolerant element of human nature, which leads all large masses of men who attempt to enforce conformity to their own sentiments, and to dishonor all who oppose them, as Egyptian rabbles hoot at a passing Christian. The liberal and humane spirit of the age is opposed to such intolerance, and demands that sectarians in theology and in science shall extend mutual tolerance to each other. This toleration is demanded not only by sound morals, by the spirit of humanity and amenities of social life, but by justice to truth; for as no sect or doctrine can be based exclusively upon falsehood, and as it is certain that whatever has been received by any considerable number of men must contain an appreciable amount of truth, true philosophy dictates that we should receive and examine with candor all medical doctrines, not only through courtesy to their supporters, but

for the sake of profiting by their truths. This duty is especially urgent when supporters of such doctrines claim to have achieved much good by their medical practice; and if their claims are well founded, we should be culpable, indeed, in neglecting to avail ourselves of the instruction which they profess for the sake of humanity. * * *

"It is true that many physicians have contended that the whole profession should be Eclectic, and that some even maintain that it is at present Eclectic, and liberally examine or adopt whatever may be presented that is new or true. It is also true that the entire profession is not totally destitute of the spirit of Eclecticism, for such destitution would imply a total destitution of liberality; but we cannot recognize Eclectic liberality in those who treat with bitter scorn the personal and professional characters of scientific physicians, whose doctrines differ from the more prevalent views of therapeutics, and who, instead of recommending, endeavor to discourage or prevent the free examination of what they consider heretical doctrines, and who attach professional penalties to the avowal of what they deem heretical sentiments. If the investigation of different medical doctrines is to be carried on under the threat of professional excommunication, unless certain conclusions are adopted; and if, as has been recently arranged in certain medical colleges, the young practitioner shall be entitled to hold his diploma only so long as he adheres to certain opinions, there is no freedom conceded to the investigation of medical subjects, and the subscriber to, and believer in, such dogmas is a veritable slave." When I think of the broadness, the charity of Eclecticism, I am reminded of the character of the sainted Lincoln, which is typified in his memorable words at Gettysburg: "With malice towards none, with charity for all, with firmness in the right, as God gives us to see the right, let us strive on to finish the work we are in."

I wish I could trace for you the inception, rise, and progress of the American system of medicine. Oh, that I had the power to picture for you its humble beginning that you

might compare it with the magnificent growing and advancing present.

It would be altogether opportune and thoroughly appropriate for me to give you some of the advance steps that have been taken by the Eclectic School, those that have been afterwards endowed by the general public and opposition schools.

I have *time* for but one, and its subject is, Woman.

"When sorrow rends the heart, when feverish pain wrings the hot drops of anguish from the brow, oh, who so welcome and prompt as thou!" Our school was the first to admit women as matriculants; the first to grant them diplomas, and the right to practice medicine. The Old School has followed us pretty closely, but they are not up to us yet. We grant women *all* the privileges that we take for ourselves; they do not—as instanced in the Medical Congress held in London, last summer, they would not admit women to conference—women that they had graduated and qualified for the practice of medicine. The American nation respects and elevates woman. So does the American system of medicine. We fear no professional rivalry from women. We welcome them to our ranks. "The noblest race is always the most generous in its treatment of women." History shows that every nation that has cramped, oppressed, and trodden down its women, has doomed itself to degeneracy or extinction; for to oppress the mothers is an act of unnatural suicide. God grant the light to our intellects—the blessed light to warm, expand, and strengthen them, that we may grow in knowledge and usefulness to our fellow-men.

PROF. J. HORATIO BUNDY, M. D.

DR. J. H. BUNDY, well known to the medical profession, as an eminent physician and surgeon, died at Seattle, Washington Territory, on the 10th of October, 1881. We are not in possession of all the circumstances attending the

sad event, and we are giving this account, *currente calamo*.

Dr. Bundy was born in Hardwic, Caledonia County, Vermont, on February 19, 1839, and was the third son of Ira and Viola Bundy, who are still living.

At the age of 17, he, with his parents, moved from Vermont to Wisconsin where he studied and commenced the practice of medicine. He was a success as a practitioner and in 1870, removed to California and located in Colusa, where he soon built an extensive practice, and his name was sounded far and near, as an eminent counselor in chronic as well as acute diseases. Dr. Bundy made botany a special study. He was an omnivorous reader, and his reward has been a name second to none in the medical profession on the Pacific Coast. They are largely indebted to him for the long list of new and valuable remedies of which he was the discoverer and introducer. He was a constant contributor to the different journals, and his name is familiar to all classes and schools.

On the completion of the California Medical College (Eclectic) he accepted the chair of Theory and Practice of Medicine, Clinical Medicine, and Botany. This important chair he held up to the time of his death. In the lecture room of the college he will be greatly missed, as he was pleasing, and had the adaptability to interest and make plain his subjects. He was an accomplished musician, refined in his manners and conversation.

He was one of the most active Eclectics on the coast, one of the charter members of the State Eclectic Medical Association, and also of the Alameda County Medical Society. A permanent member of the National Eclectic Medical Association, of which latter body he was at one time Vice-president. By his death the Eclectic medical world have lost a most powerful co-laborer, a great student, and a kind friend.

He leaves an estimable wife, and a little daughter of ten summers, to mourn his loss. *Requiescat in pace.*

W. S. S.

MIAMI VALLEY MEDICAL ASSOCIATION.

THIS medical organization was incorporated in 1859, or twenty-two years ago, including the Eclectic medical profession of the valley of the Great Miami River, as the name indicates, and has a membership of about sixty active practitioners of medicine.

The 41st regular autumn meeting was held in the Court House, in Hamilton, October 26, 1881. The attendance was good. The meeting was called to order at 10:30 A. M., by the President, Dr. S. H. Potter, who read letters from Profs. W. H. Davis and D. Lesh, Drs. Anton, Russell, McLaughlin, Butcher, Tillson, and others, expressing their regrets because home duties to the very sick rendered absence from the meeting imperative. Dr. C. Markt opened with an interesting paper on the treatment of typhoid fever, which disease is now prevalent and quite fatal in many localities. He reviewed the causes, its periodical recurrences, his experience in the disease, and briefly stated his general treatment. Dr. Dickey endorsed Dr. Markt. Dr. Eckert had had much experience with this disease, relating cases in his practice, giving his usual and successful treatment of it. Dr. Wagstaff, of Lewisburg, Ohio, stated that his town being situated on elevated ground generally escaped typhoid fever, while surrounding places on low grounds suffered from its ravages, where he had often treated cases successfully. Prof. J. N. Lloyd called attention to the fact that the generally acknowledged cause of typhoid fever is impure drinking water, giving striking instances of this giving rise to the disease, and where proper drainage had afforded immunity from the malady. Dr. Potter alluded to the pathology of the disease—that it originates in the isolated glands in the bowels, due to their furnishing nidus for the lodgment of the poison (whatever that may be) in its passage through them; hence, the disease is termed “enteric fever.” These (Peyer’s glands) thus poisoned become irritated and inflamed and produce all the symptoms peculiar to the disease. If

not arrested, ulceration and bleeding from the bowels ensue, often fatal. The indications for treatment are simple and plain: Employ no physic nor anything which can irritate the lining of the bowels, or their isolated glands, but the reverse—only those well-known means which tend to soothe and allay the local and general disturbing influences, both externally and internally. This *supporting* and *protecting* treatment will usually sustain the patient until the poison has spent its force (self-limited), allowing nearly all cases of typhoid fever to recover. This is the result of my forty-five years of experience with the disease.

Adjourned for dinner at 12:30 P. M.

Mrs. Dr. Markt sumptuously dined fifteen members of the society.

AFTERNOON SESSION.

There were present Profs. Locke and Lloyd, Drs. Dickey, Wagstaff, Potter, Kirkpatrick, Markt, Martin, Bradley, Smith, Sumpter, Cary, Cook, Auldrich, Gowen, Eckert, and others.

Prof. J. N. Lloyd proceeded to lecture on "The Chemistry of Medicine." He spoke of matter, its forms, elements, constitution, atoms, combinations, effects of chemism and chemical formula, elucidating the great improvement of "New Chemistry," and how readily the modern student can appreciate and acquire it. He is an easy, lucid speaker, securing fixed attention, and absorbing the interest of all present. Prof. L. is the author of a recent work on this subject, which is most favorably received by the profession.

Prof. F. J. Locke, of the Medical Institute, Cincinnati, Ohio proceeded to deliver an address on "Medical Eclecticism—Past, Present, and Future." The gentleman indicated great familiarity with the subject, showing that it, like other great reforms, originated with the necessities of the people. Small, and with crude means at first, it has rapidly improved its means and measures, until, at present, it has completely revolutionized the whole practice of medicine, adding to the list of remedies a large number of the most valuable in the

materia medica. Within the brief period of forty-five years, from a very few men it has grown to embrace a large number of legally incorporated medical colleges and about 12,000 graduates now in active, lucrative and useful practice throughout our land. Its auspicious future is indicated by its wonderful development in the past. Its central idea is *safe, pleasant, and efficient medication*. His effort was able, lucid, and forcibly illustrated throughout by incidents in his experience. Interesting cases were then reported by several gentlemen, after which the society adjourned to meet again at the call of the Executive Committee.

At half-past seven o'clock, P. M., Prof. Locke delivered an address at the Universalist Church on "Modern Eclectic Medicine," to a very intelligent and appreciative audience of ladies and gentleman. The Doctor is an attractive and eloquent speaker.

Letters from absent members said that they felt that they should lose much from non-attendance at this meeting, while all present seemed to feel the force of Cowper's stanza:—

"Man in society is like a flower
Blown in its native bed 'Tis there alone
His faculties expanded into full bloom
Shine out; there only reach their proper use."

REPORTER.

CANCER OF THE UTERUS, EXTIRPATION AND DEATH.

BY D. D. CROWLEY, M. D.

MRS. K., age 44, married, has for over a year suffered from excessive hemorrhage of the uterus. As her change of life occurred a number of years previously, the presence of hemorrhage caused her no little alarm. As each successive hemorrhage exceeded the previous one, it was finally concluded that she place herself under a physician's care in Oakland.

About October 8th she was again attacked with hemorrhage, leaving her weak and prostrated. October 10th, Dr. Springsteen was called as medical attendant; he deeming counsel necessary called me. Upon examination of the uterus only an ulcerated surface could be seen, the entire neck of the womb was gone, even above the inferior junction of the vagina with it. The conditions of the uterus and symptoms accompanying were those of a cancer. So great was the destruction of the continuity of the part that while dressing it large pieces of dying tissue came away, accompanied by the foulest odor.

After considering the chances of life we concluded an operation to be necessary, previous to which the system was to be placed in a suitable condition for operating. The attending physician, Dr. S., reports the following symptoms and treatment:—

“October 10th, pulse weak but frequent. Tongue covered with a greyish-brown coat. Bowels constipated; urine scanty, eyes dull, and lips colorless. Skin very sallow. I saw by the conditions present that her system must be built up to afford hope of her surviving the operation. I put her on liquid food entirely, such as beef tea, gruel, milk, porridge. I then gave her to settle the stomach, the following prescription:—

Soda bichlorate..... ʒ i.

Morph sol..... ʒ iss.

Creosote..... gtts. viij.

Aqua menth pip. qs. ad..... ʒ iv.

Sig.—Teaspoonful at a time until vomiting ceased.

As a local application, which was kept up constantly until the operation to prevent hemorrhage, I used liquor ferri subsulphatis; and as an internal remedy to assist in building up the system until the operation, I gave elixir gentian and chloride of iron. As soon as she could begin to take and retain nourishment she seemed to gain quite rapidly, but the knowledge of the liability to hemorrhage returning at any moment was a great source of trouble to her, as she often

remarked she could not suffer another as severe as the one just experienced. The local application held in check the hemorrhage until the morning of the 25th, the day before the operation was performed, when I was called in haste, and by the timely application of Monsel's solution in liberal quantities I again held it in check. On the morning of the operation she expressed her desire to make the one great and last trial remaining for her to get well. She was advised both by myself and the operating surgeon that not more than one chance in twenty remained for her to recover, and she embraced that chance."

On the day preceding the operation, though the bowels were kept open for some length of time, one-half drachm of cascara sagrada was administered, and one-half grain of opium every eight hours. The room was well ventilated and warm, and subsequent to the administration of chloroform the bladder was catheterized, the catheter being left in the bladder and a sound introduced into the rectum, both acting as guards to prevent injuring the organs. Standing at the left side of the patient, I made an incision in the mesial line from the umbilicus to the pubes, through the muscles and peritoneum, taking care not to incise the intestines or bladder. The bowels having a tendency to protrude, warm napkins protected them from the air.

The intestines were carried upward, and the uterus, grasped by a vulsellum and held firmly while the broad ligaments were ligated on either side and severed between the ligature and womb. A careful dissection was made between the bladder and uterus in front and rectum and uterus behind, all of which took considerable time. The uterus was finally dissected from its attachment and removed. The cavity thoroughly cleansed of the clots of blood and matter, the abdominal walls brought together by means of silver pins and sutures, assisted by adhesive straps and broad body bandage. A tampon saturated in a solution of carbolic acid was introduced into the vagina. The patient was carried from the operating table to her bed.

Left her in the care of Dr. S., who reports the following:

Of the treatment after the operation Dr. Springsteen says: "Succeeding the operation but little treatment was indicated. Death resulting in twenty-four hours. Soon after operation morphia was given, but vomiting soon began and continued with great obstinacy all night, all the usual remedies failing to have the desired effect to check it until ingluvian was administered; this latter remedy checked the vomiting when the patient seemed to take a little rest, and about 10 A. M., (27th inst.) pulse feeble and rapid, aconite and sulphite soda was given, which seemed for a short time to control the pulse, but soon the extremities began to get cold. Countenance very anxious, and every indication manifested a rapid and unmistakable decline. The proper stimulants and hot flannels, etc., seemed of no avail, when at 2 P. M., the patient quietly died. *Medical and surgical skill failing to cure, adding one more to the already long list of similar cases where death resulted from cancer of the womb.*"

THESIS—TYPHOID FEVER.

BY J. P. WEBB, M. D.

FEVER, the name commonly applied to the symptoms formed by the frequency of the pulse, chills followed by heat, thirst, lassitude and uneasiness. Names have been added to the fever according to the location or organs affected, and to the cause of the same. There is no subject which has been a greater source of contention among physicians, or has been more discussed in the medical schools, from the time of Hippocrates to the present, than that of the nature and seat of fevers; and even at the present time there are many differences of opinion concerning it.

Hippocrates considered fever as a simple disease, always of the same nature, regarding as complications, the symptoms which modern pathological anatomy has made characteristic of the numerous varieties of fever.

Celsus regarded fever as a general disease, and to Galen

(with much other scientific information) is due the precise definition of the word, and its divisions into the idiopathic or essential, and the symptomatic. An idea which has been the cause of bitter and endless dispute among the medical fraternity. He also first advanced the theory that fevers were many of them the consequence of local inflammation. In his writings may be traced the division of fevers into billious, mucous, putrid, malignant, and inflammatory. The principles of Galen influenced the medical world until the time of Stahl, Boerhaave and Hoffman. Stahl considered fever a salutary effort of the vital principle to throw off morbid matter by the increased excretions and secretions.

Boerhaave laid still more stress on mechanical principles, and regards it as an "acceleration, agitation, and combination," of the various fluids, by which the cause of disease underwent an elimination, with the characteristic symptoms of fever. Sauvages, by combining different febrile symptoms, established more than 150 kinds of fever, ridiculing the idea of essentiality, and considering all fevers as symptomatic. The researches of the nineteenth century have in all cases diminished the number of essential fevers. The division, idiopathic and symptomatic, seems to be sanctioned by the quantity of fibrin in the blood. The "petecchial" fever at Genoa in 1799 and 1800 was what is now termed Typhoid, and of that I will write.

Typhoid fever develops slowly symptoms same as in common continued. There are generally six to eight periods, and you cannot tell what type you have until it has run a few days. It is generally preceded by two or three weeks of malaise, headache and a restless, dull, drowsy feeling, accompanied with a purple skin, which carries the impression of pressure on it for a few moments. There is a marked chill, followed by a severe fever; sometimes gurgling in right iliac fossa; very often epistaxis; bowels tympanitic, do not move so very often, but the discharge is of a greenish yellow color, thin and very fetid; pulse from 95 to 120; tongue red, and elevated papilla, and there is frequently low, muttering delirium.

We can never justly call it Typhoid, unless we get the lesion of Peyer's or Brunner's glands. They become enlarged, and by morbid growths softening ensues, and at length they exfoliate or slough away, leaving ulcerations in the spaces they occupied.

Perforation of the intestines is an accident which sometimes occurs, the contents of the intestinal canal escaping into the peritoneal cavity. Peritonitis follows as a result, and it is almost always fatal.

The spleen is enlarged; the mesenteric glands are enlarged and softened. Another complication is hemorrhage from ulcers, sometimes very profuse, and may be the cause of a fatal termination; or, again, the wished-for convalescence may date from that time.

This form of fever is undoubtedly communicable, yet it is rarely that it is communicated to those who are brought in contact with cases of it, namely: physicians, nurses and neighboring patients in hospital wards; and it occurs when it is quite impossible to attribute it to contagion. Facts go to show that the contagion is contained in the intestinal evacuations.

It is seldom met with in young children, but is generally confined to the ages between twenty and fifty. It is more frequently developed in persons who are not acclimated, and we also find that some families are more subject to fevers of all kinds than others; in short, a pyrexial diathesis is one of their birthday presents.

Typhoid fever has a particular odor of its own—very like new milk; you get subsultus, opisthotonus, sudamina, petecchiæ rugæ, hemitatemesis, always bronchitis, and, perhaps, pneumonia. It is more dangerous than most of the fevers, proving fatal in one case in five or six.

Patients sometimes die before the sixteenth day, and those that do recover find it very slow, sometimes not regaining their full strength before a year.

Defervescence may take place by either lysis or crisis.

Treatment if pulse soft:—

R Tinct. aconitegts. xx.
 Tinct. belladonna.....gts. xx.
 Aqua dest. qs. ad..... $\frac{3}{4}$ iv.

M. Sig.—Teaspoonful every hour.

If pulse full and bounding give veratrum instead of aconite; and if there is marked periodicity give large doses of quinine to try to control it.

For food give broths as hot as patient can take them, and plenty of salt.

Use sulphite or bicarbonate of soda, as the tongue indicates, or perhaps, the acids, muriatic or hydrocyanic.

If bowels move too often, use—

R Tannic acid.....gr. xxx.
 Aqua cinnamona..... $\frac{3}{4}$ i.

M. Sig.—Teaspoonful three times a day.

When tongue very dry and red use—

R Oleum terebinth..... $\frac{3}{4}$ ii.
 Tinct. opii..... $\frac{3}{4}$ ii.
 Syrup acacia..... $\frac{3}{4}$ iij.

M. Sig.—Teaspoonful every two hours.

If there is diarrhoea, stupe the bowels with turpentine once or twice every day.

For sore mouth, lips, and nose, use—

R Morph. sulph.....grs. iv.
 Pulv. borax.....grs. x.
 Glycerine..... $\frac{3}{4}$ ss.
 Aqua rosæ..... $\frac{3}{4}$ iss.

M. Sig.—Rinse the mouth out every three or four hours with a swab.

Plenty of common sense, sponge baths, with alcohol and water, are necessary, and also good, fresh air and plenty of it.

Keep up the strength of your patient by beef tea, egg nog with milk, brandy and whisky.

If stimulants increase the pulse, do not use them. Symp-

toms should be to lessen the frequency and make them stronger.

If you can control the bowels to two movements a day let them remain there.

Will not *cure*, but *moor* the bark safely over.

IN MEMORIAM.

AT a regular meeting of the Alameda County Eclectic Medical Society held at the California Medical College on Tuesday evening, October 11, 1881, it was unanimously voted that the discussions for that evening of the regular subject be suspended, that in so doing pay tribute to the memory of our esteemed brother, Prof. J. H. Bundy, M. D., whose sudden death was announced by telegram as having occurred at Seattle, Washington Territory.

In consideration with the above, a committee was appointed to draft resolutions of condolence.

The committee submitted the following preamble and resolutions which were unanimously adopted:—

WHEREAS, The Alameda County Eclectic Medical Society has learned with profound regret of the death of one of their esteemed members, Prof. J. H. Bundy, M. D., whose life has been actively devoted to reform in liberal medicine, and

WHEREAS, By his death the Society humbly acknowledges the great loss sustained by them as well as the profession in common, to which he so many years belonged,

Resolved, That these resolutions be engrossed and a copy presented (bearing the seal of this Society) to the bereaved companion, who in God's wisdom survives him; also that these resolutions be printed in the *California Medical Journal*, of which deceased was an associate editor. That a copy also be sent to the different medical journals of the East.

Resolved, That the Secretary of this Society communicate to the bereaved family our sorrow and heart-felt sympathy, as an expression of appreciation of his worth as a co-laborer

and for his scientific writings, for his many discoveries of new and valued remedies, and for his geniality and goodness as a man, and ability as a Professor and successful practitioner.

Committee, { WALLACE S. SPRINGSTEEN, M. D.,
P. SAGE, M. D.

EDITORIALS.

REMARKS.

FROM the beginning until the end, the study and practice of medicine is a laborious one; I might say, an unjust one. It is unjust to the ardent student, for he does not receive what is due him. It is unjust to the ignorant who never opened a medical book, for he receives more than is due him. It is unjust, for it requires too many years to draw a distinguishing line between intelligence and ignorance, between honor and villiany. The intricacies of medicine make it obscure. It is so far beyond the reach of the common mind, that hundreds suffer from the ignorance of pretenders. Medicine is not a profession that can be taught to the masses. They cannot understand it. They do not wish to experiment on their own lives. The physician cannot make public the diseases of his patients; in this way an obscure subject is made more obscure. I have said that the practice of medicine is unjust. A lawyer with an equal amount of study to that of the physician, is received and lionized by the public after his first burst of eloquence. He deals with prescribed facts; they are clear and intelligible. He uses a certain reasoning that is more or less understood by every one. The public are able judges of so familiar a subject, and the legal gentleman soon occupies a position that he is most suited to. A minister of the Gospel need but make a single brilliant demonstration of oratory, and from thence onward his future will be a bright one. He receives a certain salary, lives an easy life, enters the home of the rich frequently, and at long intervals he suffers his sacred being

to enter the hovel of the poor. His stay is short. He carries away a happy, benign face, a glossy coat, an immaculate mind and shirt front; and leaves behind, misery to feast on the fragments of a very palatable diet—religion. In short, this inspired phenomenon lives on the fat of the land.

Let us for a moment look into the life of a medical man. He attends a medical college three terms. They are three hard years of constant toil. He studies early and late. Many an evening he is bending over a subject, working out the vessels, nerves, and muscles; the origin and insertion of the muscle; the origin and distribution of the nerves and vessels; and the relation that one has with another. So profound is the study of medicine, that one becomes lost in its researches. No study is so apt to destroy the health as this. The long hours in the lecture-room, and the evening dissections, require the most robust constitution to continue it the required time. A student of medicine has the noblest profession of all. It is the most self-sacrificing, yet it is the purest. As the educated in it neither receives public honor nor pecuniary gains, it must be wholly unselfish. Over two-thirds of all the graduates of medicine have not \$200 ready money to help them in their profession. From five to ten years will elapse before their profession will place them in respectable circumstances. The knowledge of which they are in pursuit is their only true happiness.

In this article it is my desire to show how little a physician receives, except the happiness received by pursuing the intricacies of science, and helping those around him. No student should enter this profession for his pecuniary interests, but for the simple love of science.

There are too many who reap a rich harvest from their own ignorance. Some, who with their bright exterior, glitter for awhile, like plated brass, and grow dim with time. Students should understand, before entering a medical college, that their pathway will not be strewn with roses; instead, they will meet many a thorn.

Hard study, and close attention to books, receives in this profession a tardy retribution.

DEATH OF PROFESSOR BUNDY.

DR. J. H. BUNDY died at Seattle, Washington Territory, on the tenth day of October, 1881, from rheumatism of the heart. He had suffered for a number of years from this difficulty, and his death was not entirely unexpected. The Doctor came to this State in 1870, and located at Colusa, where he enjoyed a wide reputation and a successful and lucrative practice. Believing that a change of climate would benefit his health, he removed to Oakland some four years ago, where he resided until within a few months.

He was a hard student and a faithful worker in the cause of liberal medicine, which he has enriched by the introduction of valuable remedies. His death is not only a loss to the eclectic branch of the profession, but to the whole world. *Cascara Sagrada* and *Berberis Aquafolium* should be alone sufficient to keep his name green in the memory of the profession. These are remedies which have come into general use, and universally conceded to be valuable.

He was one of the editors of this JOURNAL, and quite a prolific writer, not only for its pages, but for other publications. He always had good suggestions and valuable ideas. His articles, though sometimes, perhaps, more vigorous than elegant, were always readable, instructive, and to the point.

As a lecturer he was popular—a natural born teacher, possessing a comprehensive view of his subject, and a happy faculty of imparting knowledge, and presenting his ideas in such a clear, lucid manner as to be grasped by the student without any seeming effort. He loved to talk, and the principles and practice of medicine flowed as clearly and freely from his tongue as waters glide down a mountain stream.

Generous in his nature, kind in his disposition, simple in his manners, genial in his intercourse, pleasant in his conversation, and attractive in his appearance, he endeared himself to all who made his acquaintance. A good man is gone; a void is left. We miss his friendly counsel and mourn his untimely loss.

**OPENING EXERCISES OF THE CALIFORNIA
MEDICAL COLLEGE (ECLECTIC).**

THE opening exercises of this institution took place Wednesday evening, November 9, 1881. The hall was beautifully decorated with flowers and evergreens, and at the appointed time was filled by the numerous friends of the college. The following was the order of exercises:—

1. Overture, Mrs. Dome; 2. Quartette—song, Dr. and Mrs. Springsteen, Mr. Share and Miss Coker; 3. Address, C. H. Houpt, M. D.; 4. Duet—piano, Mrs. Hinton and Miss Martha Pulsifer; 5. Duet—song, Doctor and Mrs. Springsteen; 6. Recitation, Mr. D. K. Higgins; 7. Duet—piano, Mrs. Hinton and Miss Lizzie Roberts; 8. Solo, Doctor Springsteen; 9. Recitation, Mr. Higgins; 10. Music, Mrs. Dome.

Prof. Houpt delivered the address, all of which can be seen on the pages of this journal.

It would be useless to comment upon the executive ability of the performers on the piano, as all are conceded to be first-class artists.

The vocal duet and solo received a hearty applause, and the eminent elocutionist, Mr. Higgins, seemed to possess more than the usual eloquence belonging to the reader. His serious pieces were listened to with breathless interest, and the funny, with bursts of laughter.

To the ladies and gentlemen of Oakland, who so kindly gave their service in decorating the college during the day, in performing on the piano and singing sweet songs at night, the Faculty wish to tender thanks.

A CHANGE OF PARTNERSHIP.

THE copartnership of Merrell, Thorp & Lloyd has dissolved, H. M. Merrell withdrawing from the firm. Mr. Merrell says: "In severing my connection with the firm of Merrell, Thorp & Lloyd, I extend to them my good-will and take pleasure in recommending them to the confidence and patronage of the trade." The firm name of this well known drug house will hereafter be Thorp & Lloyd Brothers.

BOOK NOTICE.

A SURGICAL DIAGNOSIS, BY A. F. RANNEY, M. D.

THIS excellent text-book on Surgical Diagnosis is unrivaled. It being concise and intelligible, we can recommend it to students and practitioners. It takes up each division of surgical diseases and compares those which are apt to be confounded. Commencing with the blood-vessels, it then, in succession, speaks of diseases of joints, bones, dislocations, fractures, diseases of the male genitals, diseases of the abdominal cavity, and diseases of the tissues. It is a book that will materially aid all who are interested in medicine. Published by Wm. Wood & Co., New York.

CORRECTIONS.

WE wish to apologize to Dr. Cornwall for allowing his excellent article on various diseases of the eye to enter the press changed so much from the original that at various places the meaning was lost. The publisher takes the blame upon himself, and agrees in the future to be more careful in reading proof. The errors are as follows: Page 208, at close of first stanza, "split pear" should read *split-pea*; page 299 and 300, "Descernet" should read Descemet; 301, second stanza, "Imitations of eye waters" should read Irritating eye waters, and 302, "casserine ganglion" should read Gasserion ganglion.

SELECTIONS.

LISTERISM.

BY PROF. ROBERT A. GUNN.

PROF. A. J. HOWE, of Cincinnati, in his "Report on Surgery," presented at the last meeting of the National Eclectic Medical Association, at St. Louis, made a poor attempt at ridiculing Listerism, to which the writer replied at length. I had not thought it necessary to reduce my remarks to writing, and should not do so now, but for the fact that the

said report was published in the *Eclectic Medical Journal* for July, 1881, and is calculated to mislead those who are not familiar with the history of antiseptic surgery.

As far as I have been able to learn, Prof. Howe has always opposed the principles of Listerism, and like others who have fought the antiseptic dressings, he has never given them a fair trial. In fact, while I am willing to accord to the doctor all the credit to which he is justly entitled as an operator and teacher, I am forced to conclude that he has not the patience to follow out the minute details of any complicated method of treatment. A year ago he condemned the plaster-of-Paris jacket for spinal curvature, because he failed in its application through his own carelessness. Now, he unqualifiedly condemns Listerism, although he has never tried it; and because others, like himself, have written against it, he tries to make it appear that this practice is losing ground.

The history of antiseptic surgery, and the theory on which it is based, are subjects with which the older readers of the *Medical Tribune* are familiar. The leading points may be briefly recapitulated as follows:—

M. Pasteur, of Paris, after a long series of experiments, directed attention to the existence of living organisms floating in the atmosphere, which, he claimed, were the direct cause of fermentation and putrefication. Bitter discussions of this and kindred questions followed; but now the correctness of Pasteur's theory is acknowledged by all the leading scientists, among whom are Huxley, Tyndall, Darwin, and last, but not least, Lister.

When Pasteur announced his theory, Joseph Lister was an unknown surgeon in the Glasgow Infirmary. He at once became a disciple of Pasteur, and applied the germ theory to the pathology of suppurating wounds. He argued that these germs, coming in contact with open wounds, produced excessive suppuration, which retarded healing and led to serious complications. He then aimed to find a dressing that would admit of the free access of air to the wound, but would destroy these germs. He selected carbolic acid, as the agent

possessing the greatest power for the destruction of low forms of life. His methods of applying the acid were variously modified till he finally adopted the present method of dressing (see *Medical Tribune*, vol. I., p. 111), which has won its way, in spite of the strongest opposition, till it is now almost universally recognized as the leading feature of modern surgery. So completely has Prof. Lister won for himself the gratitude of the profession, that honors have been showered on him from every quarter, and his methods of dressing wounds have, by common consent, come to be known as Listerism.

After long and careful experiments, Lister read his first paper on this subject, August 21, 1867, before the British Association for the Advancement of Science. In referring to the influence of antiseptic treatment, on the general healthiness of hospitals, in that paper, he said: "Previous to its introduction, the two large wards in which most of my cases of accident and of operation are treated, were amongst the unhealthiest in the whole surgical division of the Glasgow Royal Infirmary, in consequence, apparently, of those wards being unfavorably placed with reference to the supply of fresh air; and I have felt ashamed, when recording the results of my practice, to have so often to allude to hospital gangrene, or pyæmia. It was interesting though melancholy, to observe that, whenever all, or nearly all, the beds contained cases with open sores, these greivous complications were pretty sure to show themselves; so that I came to welcome simple fractures, though in themselves of little interest either to myself or the students, because their presence diminished the proportion of open sores among my patients. But since the antiseptic treatment has been brought into full operation, wounds and abscesses no longer poison the atmosphere with putrid exhalations; my wards, though in other respects under precisely the same circumstances as before, have completely changed their character; so that during the last nine months not a single instance of pyæmia, hospital gangrene, or erysipelas has occurred in them."

Similar results have been reported from every hospital where antiseptic surgery has been faithfully tried, and every leading surgeon of the world, with possibly two or three exceptions, has pronounced in its favor.

Listerism marks the beginning of a new era in surgery. Abdominal surgery is now reduced to almost an exact science by its use. The cavities of joints are opened into with impunity, and operations on them performed with the certainty of success. Compound fractures are treated as successfully as simple ones, and the mortality after amputations reduced to almost nothing. So-called cold or scrofulous abscesses, and extensive necrosis, are now no more dreaded than an ordinary boil; and chronic ulcers, of years' standing, are healed in a few weeks. All these grand results have been obtained through the use of Lister's antiseptic dressings; and none but those who are only wise in their own conceit will to-day attempt to deny the fact.

Prof. Howe says, "In course of time cases of wounding were carefully treated without the use of carbolic spray, and placed in competition with others managed according to the most approved methods of Joseph Lister; and it was found that the spray did some harm in most instances, and that the very best results followed dressings conducted without a Listerian adjunct." This statement is a wilful misrepresentation of facts, and I defy Prof. Howe to produce a single item of proof to make his words good. That bad results may follow the use of antiseptic dressings in careless hands there is no question; but when we put Listerism on trial we must prove that harm follows its use in the hands of those who know how to apply it.

The question at issue is, is the principle on which Listerism is founded correct? If so, the method of carrying out that principle is of small importance. Other and simpler methods may yet be found; and if so, I am sure Prof. Lister will be among the first to acknowledge their merit. Till these are wrought out, we have no right to object to the present one on the ground that it is "expensive and troublesome."

We have only to read the reports of the meetings of the International Medical Congress, held in London, England, during the first week in August, to see how much weight Prof. Howe's assertions are entitled to.

Sir James Paget, the President, in his opening address, said: "It would be difficult to think of anything that seemed less likely to acquire practical utility than those researches of the few naturalists, who, from Leeuwenhoeck to Ehrenberg, studied the most minute of living things—the vibrionidæ. Men, boasting themselves as practical, might ask, 'What good can come of it?' Time and scientific industry have answered, 'This good: those researches have given a more true form to one of the most important practical doctrines of organic chemistry; they have introduced a great beneficial change in the most practical part of surgery; they are leading to one as great in the practice of medicine; they concern the highest interests of agriculture; and their power is not yet exhausted.'"

Prof. Pasteur, in his address on "The Germ Theory," said: "Two motives have brought me to London. The first was to gain instruction, to profit by your learned discussions; and the second was to ascertain the place now occupied in medicine and surgery by the germ theory. Certainly I shall return to Paris well satisfied. During the past week I have learned much. I carry away with me the conviction that the English people are a great people; and as for the influence of the new doctrine, I have been not only struck by the progress it has made, but by its triumph."

In the surgical section, Mr. Spencer Wells discussed the recent advances in the surgical treatment of intra-peritoneal tumors, and said: "That the use of antiseptics had done away with the need of drainage." The antiseptic method had many warm supporters; but Dr. Keith said that after eighty successful ovariectomies with antiseptics, he had five deaths out of twenty-five cases, and for that reason decided to abandon the treatment. He does not, however, give any particulars as to the extent of the adhesions, or the constitution of the patient.

Further on in the discussion, Prof. Lister stated that he advised Dr. Keith against the use of antiseptics in the first instance; but notwithstanding Keith's cases, he asserted that antiseptics in ovariectomy had been successful.

The few who did not adopt Lister's methods clearly recognized the value of antiseptics, and used in their dressings agents as strongly antiseptic as carbolic acid. This fact does not detract from the importance of Listerism in the least, but is additional proof of the truth of the theory.

Prof. Volkmann, of Halle, Saxony, in his address to the Congress on "The changes which surgery has undergone in the last ten years," pays a glowing tribute to Prof. Lister and antiseptic surgery. He says, "And this revolution, in the midst of which we still stand, although the first wave has exhausted itself, has been called forth by the *one* uncontested fact, that all those countless and incalculable disturbances by which the wounds, and hence also the life of those operated on or wounded, are threatened, are only the consequences of particular processes of decomposition of the animal fluids, brought about by the intrusion of lower organisms." Again he says, "By rescuing from the domain of chance, the results of our labors, as far as they depend upon operations and the treatment of wounds—and this will always remain the chief and especial work of surgery—the antiseptic method has elevated surgery to the rank of the least experimental science.

"But never has a discovery been made in surgery which has ever approached this in its benefits to humanity in general. Many thousands of human beings have, in the short space of time that has elapsed since then, preserved life and limbs, and been spared pain and a long confinement to a sick bed; and millions will yet share in these benefits, for the principles of the antiseptic treatment of wounds will *never* again be abandoned so long as the whole of our knowledge is not lost, no matter how our art on the points of attack may change."

Even the obstetrical section of the Congress favored the

free use of antiseptics after parturition; and all who have followed the methods of Lister in the lying-in-chamber can attest the advantages to be derived therefrom.

After such a weight of testimony, it is needless to quote further to disprove the groundless assertions of Prof. Howe. Nor is it necessary that I should add my own experience with Listerism. The readers of the *Chicago Medical Times* in 1869 and 1870, the students to whom I have lectured during the past twelve years, and the readers of the *Medical Tribune*, are familiar with my views. I need only add, here, that for thirteen years I have followed the methods of Prof. Lister in all their minute details, and I have succeeded when other surgeons declared it was impossible. I have never yet had a bad result following this treatment, though have used it in almost every variety of operation and accident. I believe that most of the progress made in operative surgery during the past fifteen years is due to the general adoption of the principles of antiseptic surgery, as laid down and practiced by Prof. Lister.

I would say to the liberal profession: do not allow yourselves to be misled by Prof. Howe's sweeping and groundless assertions. Investigate the subject for yourselves, and you will find that the entire weight of testimony is in favor of Listerism. Inquire as to the present status of this question, and you will become convinced of the following facts, all of which Prof. Howe attempts to ridicule:—

First—That the germ theory is almost universally recognized as a fixed scientific fact.

Second—That antiseptic surgery, as promulgated by Prof. Lister, is recognized by the profession as the grandest contribution to modern surgery.

Third—That this theory, and the practice based on it, is not "attacked in high places," but everywhere admitted by careful surgeons to be the only safe way to treat wounds.

Fourth—That Listerism has been adopted by all the leading obstetricians and gynecologists in the world, and Dr. Keith alone has abandoned it; and,

Fifth—That established truth cannot be brushed aside by the wave of the hand of those whom prejudice has rendered unfit to pass judgment.—*The Medical Tribune*, October, 1881.

PATHOGENY OF ALBUMINURIA.

BY WOLRAD WINTERBERG, M. D., NEW YORK.

THE question of the mechanism of serum albumen transudation into the urine, is one equally important to the pathologist and practitioner. Much has been said respecting its etiology, and numerous theories have been advanced without rendering much clearer the pathogenic conditions of this affection. These numerous conflicting views and theories have tended rather to confuse than to elucidate. The clinical observations of Frerichs, Bright, Abèille, and the experiments of Bernard, Schiff, and Overbeck, have certainly furnished abundant material on which to base inferences, but no satisfactory and convincing interpretation of the facts furnished by them has as yet been given. On one point, and that a most important one, both facts and explanation are wanting. It is generally accepted that the secretion of urine is the result of a process of filtration through the walls of the convoluted blood vessels of Malpighian bodies inclosed in the capsule of Müller.

The law governing the filtration of albuminous fluids was first studied by Runeberg, who, after careful experiments in the pathological laboratory of Hofman, at Leipzig, came to the following conclusions: First, Albuminous solutions are more or less perfect emulsions which pass through animal membranes, with greater or lesser readiness, according to the character of the contained albumen. Second, the permeability of animal membranes to albumen and other emulsions is in inverse ratio to the pressure exerted; viz., it is increased by low and diminished by high pressure. Third, The changes in permeability of these membranes occasioned by variations in pressure gradually develop until a point in proportion is reached, where no further increase in permea-

bility occurs. Fourth, If a membrane have on each side a fluid at a different level, the same phenomena are produced from this variety of bilateral pressure as would result from unilateral pressure. To convince myself of this seemingly paradoxical conclusion, I may say that I have frequently repeated the experiment, and always with confirmatory results. If, therefore, this be true, it is obvious that the whole theory, that the production of albuminuria was due to high arterial pressure must be abandoned.

As a necessary preliminary to what I shortly expect to discuss, I would here recall a few of the more important points in the physiology of the urinary secretion. Heidenhain and others have shown that the glomeruli Malpighii are, in the embryo and children, covered by a continuous layer of cells which, they claim, forms, in later life, a structureless membrane not perfectly continuous. On examination, microscopically at a high power, by immersion, of fresh kidneys in water, or Muller's solution, I have found that these glomeruli are covered by a continuous layer of large, nucleated cells. In its ordinary position, this layer of cells has the appearance of forming a homogeneous, apparently structureless membrane, but on separating the corpuscles and using slight pressure by the covering plate the cells are separated from each other and from the vessels, and present irregular prominent edges. The observations contradictory of this of various authors are easily explained by the fact that they have used hardened kidneys in which such separation would be impossible. In any explanation of the renal functions this circumstance must be remembered, as it is of the first importance.

That the process of filtration is carried on in the Malphigian bodies there can be no doubt, but the existence of albumen in the product of filtration has been disputed. Ludwig and others claim that it is not present, while Kuess and his adherents very positively affirm that it is. Though the presence of albumen in all normal and pathological transudations within the organism is an argument in favor of the latter

view, still it must be recollected that even if the capillary walls permit of albumen transudation, the epithelial membranes under normal conditions do not. This can easily be demonstrated in the lachrymal and sudariparus glands. Experiments with membranes of different densities demonstrate this fact very conclusively, whence it may be concluded that albumen is retained in the blood current and not transuded to be subsequently used for the nutrition of the epithelium of the tubules, as was believed by Kuess, more especially as the quantity of dry albumen excreted on an average in twenty-four hours amounts to between three and four hundred grammes, an amount that could not possibly be consumed for the purposes of nutrition before mentioned.

As the secreted fluid passes through tubules it becomes more concentrated since the quantity of solids in the urine is greater in proportion than in the blood serum. Bearmis* gives the following table of the solid ingredients of the blood as compared with the urine. In 1,000 parts of the urine there are of urea, 23.30; of sodium chloride, 11.00; of phosphoric acid, 2.30; of sulphuric acid, 1.30; earthy phosphates, 0.80; while in the same quantity of blood there are of urea, 0.15; of sodium chloride, 5.546; of phosphoric acid, 0.192; of sulphuric acid, 0.129; of earthy phosphates, 0.516. Were this concentration of urine due to the epithelial cells of the renal tubules, then these must secrete not only urea but also all the soluble salts introduced into the system and afterward found in the urine to a greater extent than in blood serum. The different ratio between the solid and watery constituents of the urine on the one hand, and the blood serum on the other, might be invoked as an argument against the urine being produced by mere concentration, were it not proved by the researches of Runeberg, Schmidt and Hoppe that filtration alone is sufficient to render a solution more concentrated, and further, that some salts pass through the filtering medium with greater rapidity than others. I have verified these results by experiments of my own. The

*Nouveaux Elements de la Physiologie Humaine, Page 476.

acidity of the urine as compared with the alkalinity of the blood is inexplicable in the same manner, as I have found by experiment, alkaline fluids pass through a membrane much more slowly than acid. The minute structure of the kidney being unknown to the older pathologists, it is not surprising that their attempts to explain albuminuria were generally futile. Frerichs "Die Brightsche Nierenkrankheit und deren Behandlung" gives for the first relatively clear attempts at explanation; his view is still held by many. He claims that considerable transudation of the blood serum must take place in the Malphigian bodies where are to be found the most favorable condition for such a process; high arterial pressure and tenuity of the vascular walls. He claims that the lesser degree of diffusibility of the albumen is the cause of its being retained in the blood under normal conditions. He says, in regard to the changes in the normal secretory functions of the kidneys, which cause albuminuria, that, "Changes, in the hydrostatic pressure, elasticity, the diameter of the pores of the vessels, exercise a well determined influence here as elsewhere over the process of transudation. The first result of these conditions is an increased secretion, then transudation of substances which cannot pass through under normal conditions; first albumen, then fibrine, and, finally, it not unfrequently happens that the walls of the capillaries are torn, and blood itself passes out. The circulatory disturbances and the alterations of the transudations dependent thereon, obtain chiefly in that part of the renal capillary system which under normal conditions is subject to higher blood pressure, namely, the coils of the Malphigian bodies. It is there that first of all a degree of pressure is reached which is necessary for the transudation of the albumen and fibrine of the blood plasma." It has been shown in numerous instances that any obstruction to the renal venous return circulation would produce an albuminuria.

Consequently the theory was generally accepted that the transudation of albumen was due to the increased pres-

sure in the secreting vessels. The fact that in such obstructive hyperæmia the amount of urine secreted is diminished, can lead to but one conclusion, that venous hyperæmia is not identical with increased pressure in the vessels. Were it not so, the same phenomena would be observed in this case, which obtain after the use of any remedy causing arterial pressure; an increased amount of urine and diminished albuminuria. Moreover, Munk and Stockois have shown that immediately after the ligature of the renal artery albuminuria makes its appearance. Stockois, a strong adherent of the high pressure theory, admits that in such a case rise of pressure is altogether out of the question, and modifies his views in the following non-committal manner: "Any change in the circulation which interferes with the arterial supply in the kidney, or with the venous return current, determines the passage of albumen into the urine." Compression of the abdominal aorta above the branching off of the renal artery has the same effect as ligation of that artery. Compression of the renal artery itself, or diminution of the caliber of either of these two vessels, although no one will venture to claim this as the result of pressure, has the same effect. A similar phenomenon is observed in Asiatic cholera. In this disease a copious transudation of serum takes place into the intestinal canal, and the blood is deprived of so much of its water that it becomes fairly thickened and diminished in volume. Arterial pressure is lowered so far as to give rise to almost entire suppression of urine, and consequently albuminuria. The only instance where high pressure produces albuminuria is when the vessels actually rupture and the blood mixes with the urine. In view of these facts it is somewhat astonishing that the high pressure dogma should have been so long predominant.

Becquerel, Vernois and Lecorche advanced the theory that albumen was always dependent on anatomical changes in the kidney. The two former use the following expression: "In every instance in which there is no Bright's disease, properly so-called, and in which the albumen cannot be

traced back to the admixture of blood in the urine, albuminuria, no matter under what conditions it may make its appearance, or what diseases may be complicated by it, is always due to a granular infiltration of the secreting cells of a certain number of tubules, to the destruction of these cells, and the transudation of the blood serum through the non-organized walls of the tubules." Lecorche expresses a similar opinion. Albuminuria is, in his opinion, only a symptom of a lesion of the canaliculi epithelium, and consequently dependent on some form of Bright's disease. This latter opinion will scarcely bear close examination, for it is well known both that albuminuria may occur without any lesion of the kidney, and that many people in good health may have albumen in the urine without other symptoms of renal disease. This latter fact has attracted the attention of the medical officers of American life insurance companies. Bartels cites a case in which a patient had albuminuria while moving about, which condition disappeared on assuming the recumbent position. This latter view is, therefore, no more tenable than that first mentioned. A third view, held by Constatt, Graves, Jaccoud and others, is to be found in an altered hæmic condition. In consequence of this alteration the filtration is more easily affected than in the normal condition. While there is nothing against this theory there are no facts in its favor. It is a pure hypothesis. It is true Owen Rees claimed that an increase in the water of the blood facilitates the transudation of albumen, and urges the force of this claim, that in Bright's disease the blood is abnormally watered. While this is so, it is patent that Rees has mistaken a secondary for a primary condition. If the veins of an animal be injected with water, albuminuria results, due only to the dissolution of the blood corpuscles and production of hæmoglobulin, a substance which transudes with much greater facility than serum albumen, as I have found by experiment. Berzelius reports a similar observation respecting the hypodermic injection of egg albumen or its ingestion in large quantities, both of which procedures

result in albuminuria from the facility with which this variety of albumen transudes. The advocates of this theory rely on general statements rather than detailed facts. Semmola, for example, says that albuminuria has for its cause a general vice of nutrition, in consequence of which albumen, becoming a foreign body, is eliminated by the kidneys. Jaccoud's explanation is similar. He recognized as a cause of albuminuria deviation from the normal type of nutrition changes. These consist in a disturbance of assimilation and disassimilation of albuminoid matters. Gubler claims that to the large proportion of albumen relative to the blood globules and the large consumption of said material albuminuria is due. It will be obvious that facts to support this theory are wanting, and at the same time it would appear from many *a priori* reasons to be erroneous.

The most plausible theory is that which refers albuminuria to a decrease of pressure in the Malpighian tufts. This theory is not only in accord with the physical phenomena before referred to, but is also in accord with all clinical observations respecting albuminuria. A brief examination of those conditions in which albuminuria occurs without apparent lesion of the secreting tubules or their epithelium will show this to be the case. One of these is Asiatic cholera. In this disease, as before mentioned, the watery ingredients of the blood, instead of being secreted by the kidneys, pass into the intestinal canal, and the next symptom produced is albuminuria. This is apt to be overlooked by reason of the scanty urine, and it being voided with the intestinal evacuations. It is present and evidently due to the diminished pressure that produces at times suppression of urine, for it is most marked in the algid state of the disease long before reaction has taken place. An attempt to refer albuminuria in this case to blood poisoning can only be regarded as futile, inasmuch as the same condition is met with very often in diarrhoea of a non-infectious nature. Albuminuria may be dependent on a disturbed renal circulation, for instance, with the venous return from changes in the lung

tissue, or regurgitation at the tricuspid valve, or compression of the renal veins, or of the inferior vena cava, or a diminution of the arterial supply from weakened cardiac action, or to any arterial obstruction. In all these affections there is a diminution of arterial pressure and albumen in the urine. It may seem paradoxical that obstruction to the venous return should be followed by a diminution of pressure, but if the fact be taken into consideration that the venous system has three or four times the volume of the arterial system, and that it allows of an enormous amount of distention, it cannot be denied that such obstruction diminishes pressure by not allowing a sufficient amount of blood to be returned to the heart, which in its turn cannot send a normal supply to the arteries. Clinical observations strongly support this theory. The weaker the heart's action the more extensive the obstruction, the smaller the quantity of urine secreted, and of course the greater the proportion of albumen. As soon as digitalis or a similar physiological agent is administered the blood pressure rises, the urine increases, and the albumen diminishes.

There is another form of albuminuria of frequent occurrence, and generally consequent on some febrile disease which would be very naturally ascribed to some altered condition of the blood; an explanation which is very vague. A better explanation is found in the fact that long continued elevation of temperature causes diminished cardiac action. Liebermeister* says, "any long continued increase of temperature is followed by a progressive diminution of the power of the heart, which is indicated by an exceptionally great frequency conjoined with disproportionate weakness of the cardiac contractions. This cardiac weakness is, moreover, accompanied by a semi-paralysis of the arterioles and capillaries, a condition which must result in a diminution of the blood pressure; the depression of the nervous centers, which obtains under such conditions, produces an excessive diminution of the arterial blood pressure and of the rapidity

*Handbuch der Pathologie und Therapie der Fieber.

of the circulation." The same reasoning is applicable to those cases of albuminuria which occur transitorially during epilepsy and tetanus. The albuminuria produced by lead poisoning is evidently due to the contraction of the muscular fibres of the arterioles, since a rigid contraction of all the unstriated muscular fibres of the organism is one of the characteristic effects of this poison. Iodine poisoning produces similar effects, while in sulphuric acid poisoning the presence of general collapse with its attendant phenomena explains the occurrence of albuminuria. Irritants like cantharides, turpentine, etc., are somewhat different in their *modus operandi*. These agents, being eliminated, produce a violent irritation of the glomeruli Malphigii, and in this way increase the permeability of their walls to the serum albumen. The result thus obtained is the same as if the pressure were diminished, though reached in a different manner.

The most conclusive proof that diminished pressure produces albuminuria is derived from experiments on the lower animals. If the arterial supply from the kidneys be shut off temporarily, and then allowed to resume its natural course, the urine becomes albuminous for a short period. This experiment has been frequently repeated with the same result, whether the renal artery were tied or the aorta only temporarily compressed. While if the aorta were tied below the branching of the renal artery, no albumen could be detected in the urine, as this operation was followed by increased pressure in the Malphigian tufts. The albuminuria arising from Bright's disease is evidently due to pathological changes in the Malphigian tufts. In amyloid kidney there is an increased blood pressure, great secretion of urine, yet there is albuminuria. If a kidney thus diseased be examined microscopically there is found considerable change in its vascular walls and epithelial lining, and here it is obvious that the conditions governing albuminuria under ordinary circumstances are no longer applicable, since the membranes have lost their normal structure and function.

It remains to draw a final conclusion from what has al-

ready been said respecting the pathogeny of albuminuria. As has already been shown, the transudation of serum albumen takes place through the walls of the convoluted vessels of the Malphigian bodies. The permeability of the membranes which form those walls is dependent upon arterial pressure in the vessels or upon the degree of difference between the pressure in the vessels and that in the uriniferous tubules, the condition of the kidneys remaining the same. Egg albumen and hæmoglobin penetrate the membrane in question more readily than serum albumen, while in some forms of chronic renal disease pathological changes brought about by the irritation are the agents which make the membranes easily permeable to the albumen of the blood, independently of the arterial pressure.

ORIGIN AND GROWTH OF ENCHONDROMATA.

WARTMAN divides these tumors into two classes, those which spring from bone, and those which develop in the soft tissues. The former, which constitute three-fourths of all the cases, are usually pure enchondromata, and owe their development, according to Virchow, to some perversion of bony growth; the latter are found in the parotid gland, the mamma, thyroid gland, bladder, and lymphatic glands, and are generally mixed tumors. When composed of typical cartilage, their growth is usually slow and painless; the mixed varieties, however, are sometimes malignant. These tumors may grow from true connective tissue, in which event the fibres of the latter melt away, become hyaline, and gradually coalesce, while the connective tissue corpuscles proliferate, and the resulting daughter-cells (*tochterzellen*) acquire a capsule. When the intercellular substance undergoes mucous degeneration, we have myxochondromata. Again, these growths may spring from the endothelial lining of a blood-vessel or lymph-space. Finally, cartilaginous emboli, in whatever manner they may gain admittance into the circulation, may become foci of neoplasm, in part, perhaps, by infecting the intima so as to induce proliferation of its component cells.—*Centralblatt für Chirurgie*.

ASTHMA—THE INDUCED CURRENT.

I. BURNEY YEO, M. D., F. R. C. P., Physician to King's College Hospital, and Senior Assistant Physician to the Brompton Hospital for Diseases of the Chest, writes to the *Lancet*: 'The recent discussion on asthma at the meeting of the British Medical Association at Cambridge, gives special interest to the following notes of a case which has lately been brought under my own observation. Two or three days after taking part in this discussion I found myself at the baths of Neuenahr, the guest of that able physician, Dr. Richard Schmitz; and I had an opportunity of seeing and examining with him an aggravated case of asthma, which had been treated by the application of the induced current, and apparently completely cured thereby.

This patient, a gentleman about forty years of age, had suffered from paroxysms of asthma for more than six years, originally induced, he believed, by a severe attack of catarrh. He had tried numerous remedies and visited several climates, but without any considerable relief. This year he was spending a second season at Neuenahr, but without any relief to his asthmatic attacks. Quite recently he was seized with an attack of unusual severity and duration, which had lasted, with but slight intermission, for three whole days and nights, when, as all other resources had failed, it occurred to Dr. Richard Schmitz to try the effect of the induced current applied in the manner suggested by Dr. Max Schaeffer, of Bremen. The relief afforded was immediate, and after twelve applications—*i. e.*, an application twice a day for six days—the patient appeared quite well. I examined his chest carefully, and there was no trace of wheezing or of dry or moist râles of any kind. I examined his throat, and found evidence of chronic pharyngitis, the mucous membrane being very granular from the presence of many enlarged swollen follicles; but it was quite clean and free from mucous secretion. The tonsils were scarcely at all enlarged, although they had been much so formerly. I mention these facts with

respects to the condition of the throat, as they bear on the theory of the action of the remedy to which I shall immediately allude. The influence of the remedy had been so complete that the patient's gait and carriage were totally changed; and instead of assuming the bent, stooping figure of the asthmatic, he walked as upright as his fellows.

The galvanic current had been applied to the throat in the situation of the great nerve trunks, the vagus and sympathetic, each pole being applied just below the angle of the jaw and in front of the sterno-cleido mastoideus. The current, mild at first, was gradually increased in intensity until it could be distinctly appreciated by the patient as passing through the soft palate from one side of the throat to the other. It was continued for fifteen minutes at each sitting. It was noticed that the pupils, widely dilated at first, became strongly contracted as soon as the application of the current gave relief. Dr. Max Schaeffer, who has recently advocated this treatment, agrees in the main with Biermer as to the pathology of idiopathic asthma, meaning by *idiopathic* asthma those attacks in the intervals between which no evidence of morbid changes in the lungs can be found. He regards these attacks as a tonic spasm of the middle and finer bronchial tubes; but he looks upon the spasm as secondary, and agrees with Weber in believing the primary change to be a swelling or tumefaction of the bronchial mucous membrane, dependent on a fluxionary hyperæmia, itself due to a vaso-motor nervous influence, the principal rôle being played by the pulmonary fibres of the vagus. According to this view, asthma is an irritative and reflex pulmonary neurosis. It agrees, in many respects, with the theory of asthma adopted by Dr. Andrew Clark in the discussion to which I have alluded, and which I have held myself as the most consistent with the clinical history and phenomena of the asthmatic paroxysms.

The morbid state, upon which the asthma depends, may affect—(1) the nerve itself, or (2) the coverings of the nerve, or (3) the tissues adjacent to the nerve.

Max Schaeffer lays great emphasis on the third of these conditions—viz., that morbid states of the structures adjacent to the nerve may influence and disturb the nervous currents. Tumors such as nasal polypi, hypertrophied tonsils, cervical or bronchial glands may, according to their position, cause irritative pressure on nerve filaments connected with the respiratory centers. Many of his patients were the subjects of nasal catarrh, or pharyngeal or laryngo-tracheal catarrh, referring the seat of their discomfort accordingly.

Usually the two electrodes are placed on each side of the neck about two centimetres below the angle of the jaw, and sometimes a little lower down in front of the sterno-cleido mastoideus. The current must be of good strength, so that the patient can feel the stream go across the larynx and soft palate.

In bad cases it should be applied twice a day, from fifteen to thirty minutes each sitting. He states that he has never found the constant current do any good, but he has never failed with the induced current.

Certainly the result of the application of the induced current, under my own observation, was very remarkable.—*Can. Jour. Med. Sc., Jan.*

REGULAR.

BY S. S. BOOTS, M. D.

THIS word is one that is very appropriate many times, and will convey a meaning to a reader, or to an audience, in a clear and forcible manner; but when used as an adjective by a sectarian body it certainly falls far short of conveying a truthful meaning, and will cause the reader to imagine that this particular body is the only one that has all the elements combined to make them thorough in their calling, and that all others who might perchance claim to be in the same business, were only partially qualified to fill the responsibilities claimed; this would be the conclusion, providing the reader was not fully advised. I think this proposition will not be denied.

In reading a number of announcements of Medical Colleges, I find in the requirements for graduation the following: "He must file satisfactory evidence of having studied medicine for at least three years under a *regular* graduate or licentiate and practitioner of medicine in good standing, using the word 'regular' in the sense commonly understood in the medical profession."

Now, when we look at this question calmly and without prejudice, it is easy to see the arrogance manifested by the self-styled "*regulars*." Why use the word as an adjective, thereby making it qualify physicians, plainly saying to the world at large: "It is I, and beside me there is none other." Why not, if you like the name, use it as a noun, and be known as the Regulars or Regulators, thereby doing away with the self-styled assumption, for it is the merest conceit of any body of men claiming in this enlightened age of the world, that they are any more regular than any other body who are following the same calling equally as diligently, but have a different theory for their government. Is it the true theory that gives to any sect the right to claim to be regular to the exclusion of all others? If so, then by what means have they become possessed of the knowledge that they are perfection, that their theories and practices are right, and all others wrong; from whence did they receive this revelation? I would like to ask of these Colleges why they send their announcements to Eclectic, Homœopathic, and Physio-medical physicians and students? Is it possible that they do not mean what they say, and are trying to deceive their *self-styled* "regular" brethren by claiming great regularity in their announcements, and at the same time trying to scoop in these irregulars into their Colleges? Or, are they throwing out bait for students of other schools to nibble at, get them into their Colleges, receive their money, and toward the close make the discovery that they are not eligible? Either of these are dishonest in the extreme, and one or the other must be the fact, for they do send out their announcements to physicians and students of other schools, and do so

knowingly. This is evidenced by the fact that the addresses of quite a number are printed and pasted upon the wrapper. These slips are purchased of advertising agencies in sheets by the thousands, and the school of each physician is designated as far as is known by a cabalistic letter, affixed to each name: Eclectics, E; Homœopaths, H; those that are doubtful, M. Allopaths have nothing but the name. When these slips are pasted on both the letters E, H, or M, they know what they mean, and it shows conclusively that it could not be by mistake. This being the case, then one of the above propositions, that they are trying to deceive other physicians of our school, or the student, must be correct. Gentlemen, either stick to your text or change it. Every medical man of each of the other schools who are dubbed "irregular" by the conceited *anti-phlogistics* that practice a theory that Allopathy well names, should resent the appellation as an intended insult, and should never so far forget themselves as to acknowledge them to be regulars. I find quite often that Eclectics speak of them as regulars, and the claim is made so often that the common people are beginning to know them as such. Call them as the Indian would name them, "Old-Man-Without-A-Name." Do not yield an inch of ground to them; give them to understand that we, as Eclectics, are as regular as they, though younger in years.

AMYL NITRIS.

BY JOHN E. USHER, M. D., AUSTRALIA.

*FOR many years considerable discussion has been going on with regard to the above drug; but as yet very little is known, with any degree of certainty, as to its uses or therapeutics.

The formula for procuring nitrate of amyl is given very clearly by Garrod in his *Materia Medica*, issued in 1875. It is as follows:—

Preparation—By passing nitrous vapors into amylic alcohol, contained in a heated retort, rectifying the distillate,

and collecting apart the portion that goes over at 205° F.

EPILEPSY.

In the relief of this disease, the value of nitrate of amyl has always been looked upon as questionable, which I do not feel disposed to receive fully *nem. con.* On the eleventh of May, 1878, while *en voyage* between New Zealand and South America, as surgeon to the B. M. S. *Golden Sea*, of London, I was called forward to the fore-castle to attend one of the crew. On my arrival I found the carpenter on the deck presenting the following symptoms: Spasms of muscles, clenching of teeth, exudence of a frothy mucus from the mouth, pupils dilated and insensible to light, breathing stertorous and pulse hard—a pure case of epilepsy. Having a small vial of the nitrate of amyl in my chest, I bethought me to try its efficacy as an experiment, and, as I immediately discovered, with capital success. My mode of procedure was as follows: On a piece of lint I dropped three minims of the liquid, and applied it to the nostrils, and almost at the same moment was pleased at finding a diminution of the stertor. As the drug evaporates rapidly, I placed three minims more on the lint, and lo! in four minutes the patient was sitting up and able to converse. The patient, I may mention, now informed me that he was subject to similar attacks about every two weeks; therefore, in order to keep off such visitations, if possible, I put him on pot. bromide hyoscyamus and some vegetable tonics; at the same time charging him and others of the crew to apprise me instantly upon the appearance of another attack. I had not long to wait. In about seventeen days I was informed that he was down again; and despite my injunctions in the way of being called early, I found that he had been in this seizure for upward of an hour. I at once procured my vial and dropped five minims on lint, and the recovery of the patient was instantaneous. So much for epilepsy.—*The Medical Eclectic.*